

SERIAL NO. 09102386
APPLICANT(S)

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

CLAIM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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46			3			
47			3			
48			3			
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50						
TOTAL IND.	5					
TOTAL DEP.	56	↔	↔	↔	↔	
TOTAL CLAIMS	61	████████	████████	████████	████████	

CLAIM	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		████	████	████	████	
TOTAL DEP.		████	████	████	████	████
TOTAL CLAIMS		████████	████████	████████	████████	